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# REQUEST FOR CONTINUED EXAMINATION (RCE) TRANSMITTAL

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|                               |                      |
|-------------------------------|----------------------|
| <i>Application Number</i>     | 09/911,563           |
| <i>Filing Date</i>            | July 24, 2001        |
| <i>First Named Inventor</i>   | Thomas P. Osypka     |
| <i>Art Unit</i>               | 3763                 |
| <i>Examiner Name</i>          | Maynard, Jennifer J. |
| <i>Attorney Docket Number</i> | (49363) 58937        |

This is a Request for Continued Examination (RCE) under 37 CFR 1.114 of the above-identified application.

Request for Continued Examination (RCE) practice under 37 CFR 1.114 does not apply to any utility or plant application filed prior to June 8, 1995, or to any design application. See Instruction Sheet for RCEs (not to be submitted to the USPTO) on page 2.

|   |            |  |          |   |            |          |          |          |   |            |           |  |  |   |  |  |  |  |
|---|------------|--|----------|---|------------|----------|----------|----------|---|------------|-----------|--|--|---|--|--|--|--|
| 1. <input type="checkbox"/> Submission required under 37 CFR 1.114  |            | Note: If the RCE is proper, any previously filed unentered and amendments enclosed with the RCE will be entered in the order in which they were filed unless applicant instructs otherwise. If applicant does not wish to have any previously filed unentered amendment(s) entered, applicant must request non-entry of such amendment(s). |          |   |            |          |          |          |   |            |           |  |  |   |  |  |  |  |
| <p>a. <input checked="" type="checkbox"/> Previously submitted. If a final Office action is outstanding, any amendments filed after the final Office action may be considered as a submission even if this box is not checked.</p> <p>i. <input type="checkbox"/> Consider the arguments in the Appeal Brief or Reply Brief previously filed on _____</p> <p>ii. <input type="checkbox"/> Other _____</p>   |            |  |          |   |            |          |          |          |   |            |           |  |  |   |  |  |  |  |
| <p>b. <input checked="" type="checkbox"/> Enclosed</p> <p>i. <input checked="" type="checkbox"/> Amendment/Reply      iii. <input type="checkbox"/> Information Disclosure Statement (IDS)</p> <p>ii. <input type="checkbox"/> Affidavit(s)/Declaration(s)      iv. <input type="checkbox"/> Other _____</p>  |            |  |          |   |            |          |          |          |   |            |           |  |  |   |  |  |  |  |
| 2. <input type="checkbox"/> Miscellaneous   |            |  |          |   |            |          |          |          |   |            |           |  |  |   |  |  |  |  |
| <p>a. <input type="checkbox"/> Suspension of action on the above-identified application is requested under 37 CFR 1.103(c) for a period of _____ months. (Period of suspension shall not exceed 3 months; Fee under 37 CFR 1.17(i) required)</p> <p>b. <input type="checkbox"/> Other _____</p>   |            |  |          |   |            |          |          |          |   |            |           |  |  |   |  |  |  |  |
| 3. <input type="checkbox"/> Fees The RCE fee under 37 CFR 1.17(e) is required by 37 CFR 1.114 when the RCE is filed.  |            |  |          |   |            |          |          |          |   |            |           |  |  |   |  |  |  |  |
| <p>a. <input checked="" type="checkbox"/> The Director is hereby authorized to charge the following fees, or credit any overpayments, to Deposit Account No. <u>04-1105</u></p> <table> <tr> <td>i. <input type="checkbox"/> RCE fee required under 37 CFR 1.17(e)</td> <td>05/07/2004</td> <td>AWONDAF1</td> <td>00000063</td> <td>09911563</td> </tr> <tr> <td>ii. <input checked="" type="checkbox"/> Extension of time fee (37 CFR 1.136 and 1.17)</td> <td>01 FC:2801</td> <td colspan="3">385.00 OP</td> </tr> <tr> <td>iii. <input type="checkbox"/> Other _____</td> <td></td> <td></td> <td></td> <td></td> </tr> </table> <p>b. <input checked="" type="checkbox"/> Check in the amount of \$ <u>385.00</u> enclosed</p> <p>c. <input type="checkbox"/> Payment by credit card (Form PTO-2038 enclosed)</p> |            |  |          | i. <input type="checkbox"/> RCE fee required under 37 CFR 1.17(e) | 05/07/2004 | AWONDAF1 | 00000063 | 09911563 | ii. <input checked="" type="checkbox"/> Extension of time fee (37 CFR 1.136 and 1.17) | 01 FC:2801 | 385.00 OP |  |  | iii. <input type="checkbox"/> Other _____ |  |  |  |  |
| i. <input type="checkbox"/> RCE fee required under 37 CFR 1.17(e)   | 05/07/2004 | AWONDAF1   | 00000063 | 09911563  |            |          |          |          |   |            |           |  |  |   |  |  |  |  |
| ii. <input checked="" type="checkbox"/> Extension of time fee (37 CFR 1.136 and 1.17)   | 01 FC:2801 | 385.00 OP  |          |   |            |          |          |          |   |            |           |  |  |   |  |  |  |  |
| iii. <input type="checkbox"/> Other _____   |            |  |          |   |            |          |          |          |   |            |           |  |  |   |  |  |  |  |

**WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.**

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED

|                     |                |                                     |        |
|---------------------|----------------|-------------------------------------|--------|
| Name (Print / Type) | Scott D. Wofsy | Registration No. (Attorney / Agent) | 35,413 |
| Signature           |                |                                     |        |
| Date                | 5/4/04         |                                     |        |

## CERTIFICATE OF MAILING OR TRANSMISSION

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Mail Stop RCE, Commissioner For Patents, P.O. Box 1450, Alexandria, VA 22313-1450 or facsimile transmitted to the U.S. Patent and Trademark Office on the date shown below.

|                     |                  |      |             |
|---------------------|------------------|------|-------------|
| Name (Print / Type) | Edith D. Sillman |      |             |
| Signature           |                  | Date | May 4, 2004 |

This collection of information is required by 37 CFR 1.114. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing the burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Mail Stop RCE, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

(49363)58937

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In re Application of: Osypka et al.

Serial No.: 09/911,563

Confirmation No. 6118

Filed: July 24, 2001

For: **APPARATUS FOR  
VASCULAR ACCESS**

) Group Art Unit: 3763

) Examiner: Jennifer J. Maynard

Mail Stop Non-Fee Amendment  
Commissioner for Patents  
P.O Box 1450  
Alexandria, VA 22313-1450

**AMENDMENT**

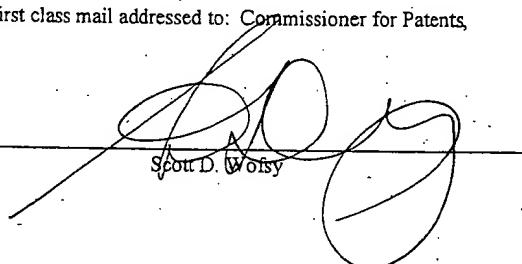
Sir:

In response to the Office Action dated January 28, 2004, please amend the above-identified application as set forth hereinbelow.

**CERTIFICATE OF MAILING**

I hereby certify that this correspondence is being deposited in first class mail addressed to: Commissioner for Patents, Alexandria, VA 22313-1450 on the date indicated below.

Date: March 19, 2004

  
Scott D. Wofsy